



ROBERT W. WIRCH
STATE SENATOR TWENTY-SECOND DISTRICT

August 18, 2009

TO: Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

From: Senator Bob Wirsch

RE: Senate Bill 163

Chairman Erpenbach and committee members,

Thank you for holding a public hearing on Senate Bill 163. This very important legislation requires coverage of colorectal cancer examinations and laboratory tests for any insured or enrollee who is 50 years of age or older or any insured or enrollee who is under 50 years of age and at high risk for colorectal cancer.

Wisconsin recently received an "F" on the 2009 Colorectal Cancer Legislation Report Card which is issued by a coalition of 11 leading public health groups and medical professional societies. In large part, we received our failing grade due to not having any laws on the books requiring that insurance companies provide coverage for preventative colorectal cancer screenings.

Colorectal Cancer is the second-leading cancer killer in our state. This year alone, approximately 2,930 new colorectal cancer cases are expected to be diagnosed and over 900 Wisconsinites will die from this disease.

Scientific evidence shows that early cancer detection is the most fundamental factor in prognosis for colorectal cancer, but without access to appropriate screening tests, many do not get screened, resulting in a greater risk for cancer, higher health insurance costs in the long run, and loss of lives that could have been prevented.

Too few people are screened for colorectal cancer, and one of the major reasons is inadequate insurance coverage. Screening rates for colorectal cancer are around 50%.

When detected and treated early, nearly 90 percent of patients survive for at least five years, however, when colorectal cancer is gone undetected and untreated, those 90 percent of patients die within five years. According to the American Cancer Society, of the over 52,000 Americans expected to die of colorectal cancer each year, appropriate testing could save more than half.

Between 1999 and 2001, eleven states passed laws requiring insurers to cover the full range of colorectal cancer screening tests and since then, 18 more have legislated coverage of these screenings.

An analysis by the American Cancer Society confirmed that colorectal cancer screening rates have risen faster and are significantly higher in states that have passed these coverage laws. The screening rates were similar in all states from 1999 to 2001 and as coverage laws had time to take effect, the rates of screening increased in states with coverage laws faster than those states without such laws. By 2004, screening rates in states with coverage laws had risen 40 percent faster than the rates in states without such laws.

In addition to saving lives, screening and early detection saves money. For example, a pre-cancerous polyp can be removed during colorectal cancer screening for about \$1,100. Removing the polyp actually prevents that polyp from becoming cancer. However, if a polyp goes undetected and develops into stage four colorectal cancer the treatment costs can reach up to \$58,000.

According to studies conducted by the American Cancer Society, if 80% of adults aged 50-64 were screened for colorectal cancer Medicare could save \$15 billion dollars over eleven years. The vast majority of the savings are because colorectal cancer can be prevented all together through screening.

Senate Bill 163 would not only allow more people the opportunity to access colorectal cancer screenings, it would save money. This is common sense legislation that will save lives and I urge your passage of this legislation.



Pedro Colón

STATE REPRESENTATIVE

Testimony Before the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue in Support of Senate Bill 163

by

State Representative Pedro Colón

August 18, 2009

Chairman Erpenbach and committee members, thank you for the opportunity to express my support for Senate Bill 163 (SB 163). I would also like to thank Senator Wirsch for working with me to introduce Senate Bill 163 along with Assembly Bill 217 that I have authored.

Under the provisions of SB 163 health insurance policies and plans would be required to cover any diagnostic or surgical procedures to cover colorectal cancer examinations and laboratory tests for any insured or enrollee who is 50 years of age or older or any insured or enrollee who is under 50 years of age and at high risk for colorectal cancer.

Colorectal cancer, according to the American Cancer Society, is the 3rd most commonly diagnosed cancer and the second most common cause of cancer death in the United States. That being said, if this disease is diagnosed at an early stage, the 5 year survival rate is 90%. In addition, colorectal cancer is a very preventable disease through identification and removal of pre-cancerous polyps.

In March of this year Wisconsin an "F" on the 2009 Colorectal Cancer Legislation Report. It appears that because Wisconsin lack laws to require insurance companies to provide needed preventative colorectal cancer screenings. Thus the goal of this legislation is to improve the health outcomes and treatment for those who have colorectal cancer. The scientific evidence that I referred to earlier clearly shows that with proper screening, early detection and prevention, we can have a positive impact on the lives of those with this disease and hopefully improve Wisconsin's recent failing grade.

Currently 29 states have passed laws to cover these types of screenings. The most recent studies by the American Cancer Society clear show a marked improvement in cancer screening rates in states that have laws on the books. In these states, the data shows that rates of screening rose 40% faster than in states with out screening requirements.

I would also like to speak to the fact that many minority communities continue to experience great risk and higher mortality rates than the white population. Today the incident rate for black is 15% higher and the mortality rate is 40% higher for African Americans than for whites. Additionally, Latinos and African Americans on average are less likely to have health insurance and thus screening rates are much lower. There is little question that this lack of coverage is directly related to these unfortunate disparities.

8th Assembly District

I believe that Senate Bill 163 and Assembly Bill 217 are vitally important to the health of Wisconsin. It is an issue that is also personally important to me as my father passed away from this disease when I was a child. I believe that these bills will reduce overall health care costs, improve lives and potentially spare families the pain and tragedy of this highly preventable disease.

Thank you again Chairman Erpenbach and committee members for allowing me to offer my support for Senate Bill 163.

Wisconsin Association of Health Plans

DATE: August 18, 2009

TO: Members, Senate Committee on Health, Health Insurance,
Privacy, Property Tax Relief and Revenue

FROM: Phil Dougherty
Senior Executive Officer

SUBJECT: Senate Bill 163, Mandated Coverage of Colorectal Cancer Screening

Summary: The Wisconsin Association of Health Plans consists of 18 member health plans that, with their affiliated organizations, account for approximately 74 percent of health care premium collected in Wisconsin. The Association supports Senate Bill 163 with modifications to allow the requirements to change with medical science and allow health care providers and insurers to adopt the most appropriate, nationally recognized screening guidelines for their patient populations. Association members already provide coverage for colorectal cancer screenings and work with their communities to promote patient access to screenings. In 2007, the Association's commercial health plan members, on average, exceeded the national average for colorectal cancer screening by 10 points.

Wisconsin Association of Health Plans members are allies in cancer prevention. Wisconsin Association of Health Plans members use well-designed benefit programs to promote access not only to appropriate treatment for illness and injury but also to important preventive screenings. All our Association member plans are committed to promoting access to the best care in the most appropriate setting at the most appropriate time. Consistent with this philosophy, all Association-member commercial health plans provide coverage for colorectal cancer screening, and in most plans, coverage of colorectal cancer screenings is provided without copayment, co-insurance or deductible requirements.

Wisconsin Association of Health Plans commercial health plan members, on average, exceeded the national average for colorectal cancer screening by 10 points in 2007 (61.8% of the indicated population, compared to the health plan national average of 51.3%, according to the most recently published Healthcare Effectiveness Data and Information Set (HEDIS) data). Health plans did it by promoting the need for screenings, identifying appropriate candidates for screening and reaching out with various communications and, in some cases, free test kits and financial incentives.

The Wisconsin Association of Health Plans supports Senate Bill 163 with modifications. The changes we recommend would make the bill less prescriptive to allow coverage to change over time with advancements in medical technology, techniques and evidence-based guidelines. Further, the modifications we recommend would allow providers and health plans to choose the most appropriate set of guidelines for their patient populations.

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There is general agreement within the medical community on most facets of colorectal cancer screening; however, not all medical providers and health plans follow the same set of medical guidelines on colorectal cancer screening. The guidelines of the US Preventive Services Task Force (USPSTF), for example, are considered the gold standard by many health care providers and plans. Sponsored by the US Department of Health and Human Services Agency for Healthcare Research and Quality, the USPSTF is the leading independent panel of private-sector experts in prevention and primary care. The mission of the USPSTF includes evaluating and making recommendations about which preventive services should be incorporated routinely into primary medical care.

Other highly regarded organizations, such as the American Cancer Society (ACS), produce their own preventive services guidelines. The USPSTF and ACS guidelines on colorectal cancer screening are similar, though their differences are substantive enough that providers and health plans may choose one over the other. The Wisconsin Association of Health Plans' recommendation to broaden the legislative proposal before the Committee would enable health plans to adopt the most appropriate set of screening guidelines in consideration of local provider preference, community resources and the characteristics of their member populations.

Specifically, the Wisconsin Association of Health Plans recommends that the legislation:

- **Give health care providers and health plans the flexibility to adopt nationally accepted screening guidelines**, including the guidelines of the American Cancer Society but also the US Preventive Services Task Force.
- **Allow national guidelines to define both age appropriateness and who is considered "high risk" for colorectal cancer.**

With these changes, SB 163 would focus the responsibility of the Insurance Commissioner on specifying by rule these nationally accepted medical guidelines that could be used to define:

- The colorectal cancer screening modalities that must be covered; and
- The age-appropriate and high-risk populations who should receive the colorectal cancer screenings that must be covered.

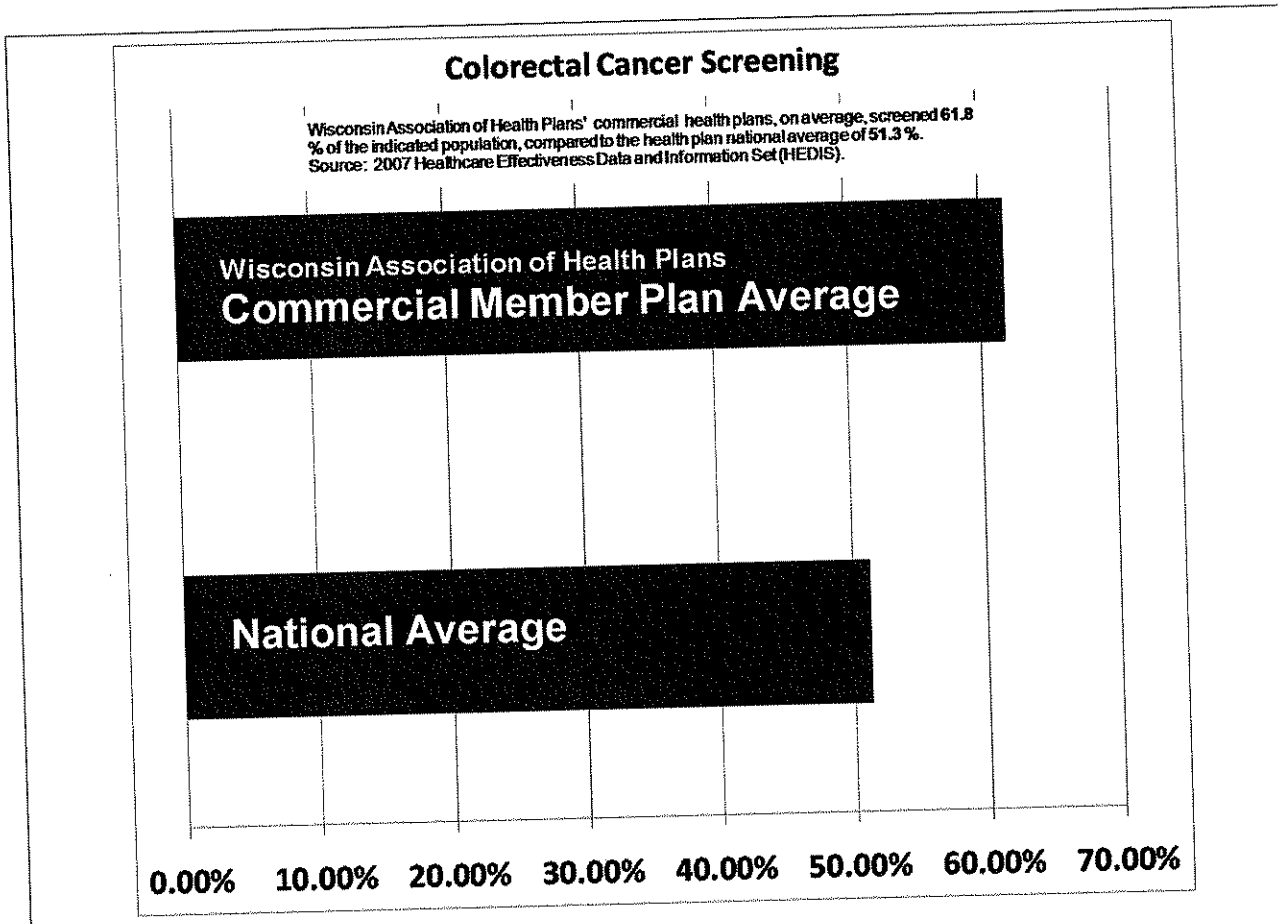
In Wisconsin's commercial health insurance market, the challenge in increasing colorectal cancer screening will not be solved by passing the proposed health insurance mandate. The most formidable barrier to increasing colorectal cancer screening is patient reluctance and dissatisfaction with the preparation and time involved in optical colonoscopy. Wisconsin Association of Health Plans members are committed to continuing their work with providers and other stakeholders in their communities to overcome such barriers and promote effective, safe and cost-effective screenings to reduce the incidence of colon cancer.

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The Wisconsin Association of Health Plans represents 18 Wisconsin health plans that, along with their affiliated organizations, serve more than 3.8 million Wisconsin residents and account for

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approximately 74 percent of health care premium collected in the state. Association-member health plans offer a variety of products in Wisconsin's commercial health insurance market. In addition, 16 member plans serve more than 494,000 Medicaid enrollees in the BadgerCare Plus and SSI programs, and 14 members serve 221,000 state employees, retirees, local government employees and their families.



Wisconsin Association of Health Plans' commercial health plans, on average, screened **61.8** % of the indicated population, compared to the health plan national average of **51.3** %.
Source: 2007 Healthcare Effectiveness Data and Information Set (HEDIS).

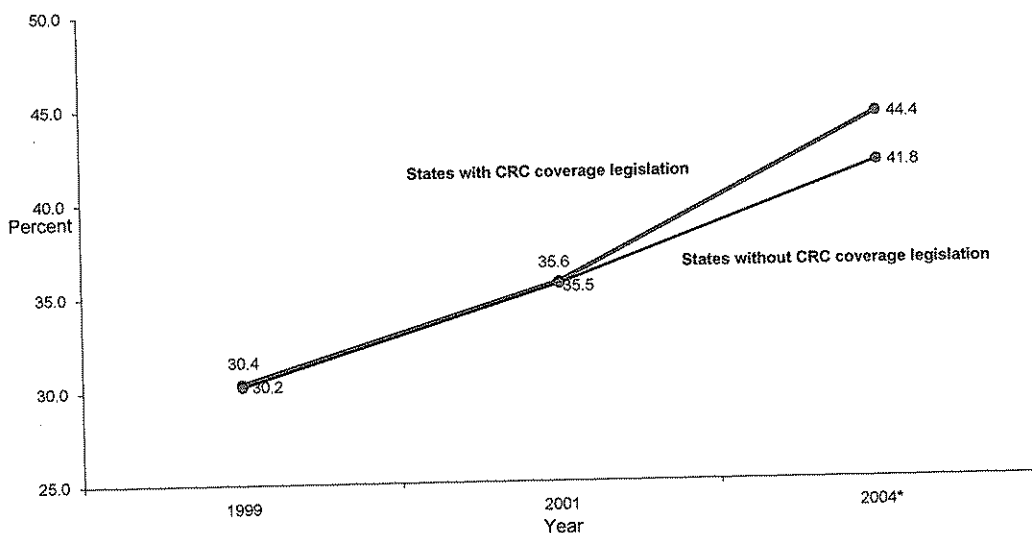


Colorectal Cancer Screening Coverage Laws Trigger Higher Screening Rates

Colorectal Cancer Screening Saves Lives

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second most common cause of cancer death in the United States. In 2008, an estimated 148,810 new CRC cases will be diagnosed and the disease will kill nearly 50,000 people. The real tragedy is that many of these cancer cases and deaths could be prevented if more people took advantage of regular CRC screening, which actually can find polyps that can be removed before they become cancerous. However, screening rates for this deadly disease are still far low with rates hovering around 50%. When CRC is diagnosed at the earliest stage, the five year survival rate is 90 percent. However, when the disease is not diagnosed until it has spread to distant organs, the five year survival rate drops to 10 percent. Providing insurance coverage for these life-saving screenings is a critical step to reducing the burden of colorectal cancer.

Colorectal Cancer Screening Comparison of States with and without Screening Coverage Laws, 1999-2004



Source: Behavioral Risk Factor Surveillance System Public Use Data Tape 1999, 2001, 2004, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1998, 2000, 2005. *In 2004 CRC screening rates between states grouped according to CRC coverage legislation were significantly different, ($p < 0.001$). †An endoscopy (tests include sigmoidoscopy or colonoscopy) within the past five years.

State Insurance Coverage Laws Are Associated with Higher Screening Rates

An analysis by the American Cancer Society confirmed that CRC screening rates have risen faster and are significantly higher in states that have passed these coverage laws. Between 1999 and 2001, eleven states[‡] passed laws requiring insurers to cover the full range of CRC screening tests to remove financial barriers to screenings and bring screening rates up. The CRC screening rates were similar in all states from 1999 to 2001, as the graph above shows. As coverage laws had time to take effect, the rates of screening increased in states with coverage laws faster than those states without such laws. ACS CAN is working actively to get coverage laws passed in more states so more Americans can benefit from these life saving exams.

[‡]MO, IN, VA, WV, DE, RI, TX, NC, MD, CT, and NJ were the first states to pass laws protecting insurance coverage for the full range of colorectal cancer screening exams. Currently, 26 states plus the District of Columbia have laws on the books protecting coverage.